FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 644293

(3)

GARNER CAMP, INC.

FILED Apr 21 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					- 1 CORCID BAILE BIELE BIBIN DIGER HANDS (CIT OFFICE	BIBIL BIBIL BIBIL BIBIL FIBIL (BB)
C/O FREDDIE GARNER C/O FREDDIE GARNER						
14844 LEE RO			14844 LEE ROAD GROVELAND FL 34736-9114		DO NOT WRITE IN THE CRACE	
GROVELAND FL 34736-9114 GROVELAND			0-3114		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
					11/06/1979	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26		26	26		NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State		City & State	 		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country Zip		Country	Country 8. This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cur	rent Registered Agent	B1		10. Name and Address of New Registe	red Agent
garner, freddie				Name		
	144 LEE ROAD		82	82 Street Address (P.O. Box Number is Not Acceptable)		
GROVELAND FL 34736			83	ļ		
			63			
			84	City		FL 85 Zip Code
11 Pureuant	to the provisions of Sections 607	0502 and 607 1508 Florida State	utes the above	e-named corr	poration submits this statement for the purpos	
office or r	egistered agent, or both, in the St m familiar with, and accept the ot	ate of Florida. Such change was	authorized by	the corporat	tion's board of directors. I hereby accept the	appointment as registered
1 ~	m ramiliar with, and accept the of	nigations of, section 607,0505, F	TOTICA Statute	5.		
SIGNATURE	Signature, typed or printed name of registering	Lagent and title if applicable (NC	OTE Registered Ag	ent signature requir	red when reinstating) DA	TE
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	OAPMED LOWELL	☐ DELETE	1.1 TOLE			Change Addition
NAME	Garner, Lowell 414 Louis St		1.2 NAME			
STREET ADDRESS	LEESBURG FL		1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE			1.4 CITY-5	ST-ZIP		Change Addition
NAME	CHRISTO WILLIAM		2.2 NAME			C. Charge C. Adollier
STREET ADDRESS	RT 1 BOX 398		23 STREET	ADORESS		
CITY-ST-ZIP	CUIECI NO EI		2 4 CITY-	1		
TITLE	D	DELETE 31				☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP	LAKE PARK FL		3 4. CITY-	ST - ZIP		
TITLE	D	☐ DELETE	4.1 TITLE			Change Addition
NAME	HOOTEN, MARGARET		4. 2 NAME			
STREET ADDRESS	P.O. BOX 243, NA WALDO FL		4.3 STREE1			1
CITY-ST-ZIP	ST	☐ DELETE	4.4 CITY - S	IT-ZIP		Change Addition
TITLE	GARNER, FREDDIE	€ DEFEIR	5.1 TIPLE			Change Addition
NAME STREET ADDRESS	148 - 44 LEE RD.		5.2 NAME 5.3 STREET	ADDDESS		
CITY-ST-ZIP	GROVELAND FL		5.4 CITY - S	1		
TITLE	D	DELETE	6.1 TITLE	·· · · ·		Change Addition
NAME	MICHAEL GARNER		6.2 NAME	1		
STREET ADDRESS	44044 170 000		6.3 STREET	ADDRESS		
COOLEI AND EI			6.4 CITY - S			
	cetifu that the information numbic	d with this filing door not qualify			Section 119 07(3)(i) Florida Statutes I furthe	or cortify that the information

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: In older G. Garner-FREDDIE G. GARNER 4-12-98 352-429-2629